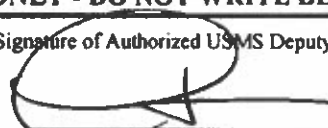


U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF David A. Stebbins		RECEIVED UNITED STATES MARSHAL 2020 SEP 24 11:11:43 NORTH DAKOTA OF CALIFORNIA		COURT CASE NUMBER 4:21-cv-04184-JSW	
DEFENDANT Polano et al.				TYPE OF PROCESS See Special Instructions	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Frederick Allison, InitiativeKookie					
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2057 Knob Lane Hiawasse, GA 30546					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					
David A. Stebbins 123 W. Ridge Ave., APT D Harrison, AR 72601				Number of process to be served with this Form 285 4	
				Number of parties to be served in this case 2	
				Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 1. Summons 2. 2nd Amended Complaint 3. Order for Service 4. Case Management Scheduling Order					
Signature of Attorney other Originator requesting service on behalf of Susie F. Barrera		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER 408-535-5382	
				DATE 9/22/2021	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)		Total Process 4	District of Origin No. 11	District to Serve No. 19	Signature of Authorized USMS Deputy or Clerk 
Date 9/24/2021					
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date 10-8-2021	Time 12:15
				<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy Mr. R. M.	
Costs shown on attached USMS Cost Sheet >>					

## REMARKS

10/1 Forwarded to N/GA